

COPY OF PAPERS ORIGINALLY FILED

CS

Application No. 09/630,883

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Khosrow Golshan

Title:

METHOD AND APPARATUS FOR OPTICAL PROCESSING

Appl. No.:

09/630,883

Filing Date:

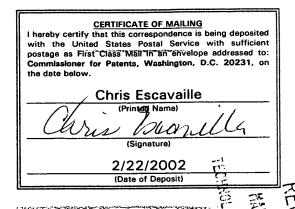
08/02/2000

Examiner:

Chang, A.

Art Unit:

2872



REPLY AND AMENDMENT TRANSMITTAL

Commissioner for Patents Box NON-FEE AMENDMENT Washington, D.C. 20231

Sir:

Transmitted herewith is a Reply and Amendment regarding the above-identified application.

- [] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [] Small Entity statement is enclosed.
- [X] The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Presen		Rate		Additional Claims Fee
Total Claims:	32	_	46	=	0	×	\$18.00	=	\$0.00
Independents:	4	_	5	=	0	×	\$84.00	=	\$0.00
First presentation	on of any M	ultiple	e Dependen	t Cla	ims:	- +	\$280.00	=	\$0.00
						CLAIMS	FEE TOTAL:	=	\$0.00

[] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

\$0.00	\$110.00	Extension for response filed within the first month:	[]		
\$0.00	\$400.00	Extension for response filed within the second month:	[]		
\$0.00	\$920.00	Extension for response filed within the third month:	[]		
\$0.00	\$1,440.00	Extension for response filed within the fourth month:	[]		
\$0.00	\$1,960.00	Extension for response filed within the fifth month:	[]		
\$0.00	FEE TOTAL:				
\$0.00	FEE TOTAL:	CLAIMS AND EXTENSION FEE TOTAL:			
\$0.00	½ of above):	Small Entity Fees Apply (subtract ½ of above):			
\$0.00	TOTAL FEE:		. ,		

- Please charge Deposit Account No. 06-1447 in the amount of \$0.00. A [] duplicate copy of this transmittal is enclosed.
- A check in the amount of \$0.00 is enclosed. []
- The Commissioner is hereby authorized to charge any additional fees which may [X] be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

FOLEY & LARDNER

Firstar Center

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February 22, 2002

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Alistair K. Chan

Attorney for Applicant

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